This card is provided to the coach. It will be taken <u>with the team</u> whenever the team travels to an away contest. Please fill out completely and be specific. An authorization with a physician's signature must be attached if the athlete takes any prescription medication.

- CONFIDENTIAL -

MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY
MT CARMEL HIGH SCHOOL

This form MUST be completed and signed by the student's parent/guardian. The form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

PLEASE FILL OUT <u>COMPLETELY</u>, SIGN AND RETURN

Student's Name	Sport(s)
Parent/Guardian Name	GRADUATING CLASS (Year)
Address	City/ZIP
Home Phone	Work/Daytime Phone

IN CASE OF EMERGENCY, A REPRESENTATIVE OF THE ATHLETIC DEPARTMENT HAS THE AUTHORITY TO SECURE MEDICAL OR SURGICAL TREATMENT AND TRANSPORT AS NECESSARY. WE WILL ATTEMPT TO CONTACT THE EMERGENCY CONTACTS LISTED BELOW.

EMERGENCY CONTACTS

Family Doctor_____ **Phone #**_____
Emergency Person to Contact _____ **Phone #**_____
Relationship to student _____
Emergency Person to Contact _____ **Phone #**_____
Relationship to student _____

MT CARMEL HIGH SCHOOL TRIP PERMISSION
SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL-SPONSORED ACTIVITIES

I UNDERSTAND THAT BY SIGNING THIS FORM:

1. **I give my permission for my son/daughter to participate in MCHS athletics.**
2. **I give my permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.**
3. **I release the Poway Unified School District, its officers, employees, agents or Mt Carmel High School and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.**
4. **I am aware that injuries may occur to the athlete while participating in Interscholastic athletics. I have been advised of this danger.**

_____ _____ _____ _____
Signature of parent/guardian **Date** **Name of Insurance Company** **Policy #**

**** HEALTH INFORMATION AND PARENT AUTHORIZATION FOR MEDICATION ON REVERSE ****

HEALTH INFORMATION

List below all information helpful to a physician in case of emergency and information school/staff chaperones need to be aware of for the student's safety. Updated information shall be provided by the parent/guardian.

	USUAL SYMPTOMS	CARE OR MEDICATION NEEDED	METHOD OF ADMINISTRATION
MEDICAL PROBLEMS (i.e. diabetes, asthma, seizures)			
ALLERGIES (i.e. food, bee stings, medication)			

CURRENTLY UNDER MEDICAL CARE? (Explain)_____

_____

_____

OTHER FACTORS THAT MAY AFFECT THE CARE OF YOUR STUDENT. BE SPECIFIC.

_____

_____

_____

ADDITIONAL RECOMMENDATIONS:_____

_____

_____

MEDICATION: Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician. If prescription or non-prescription medication is necessary, an Authorization for Medication Administration must be attached. I understand that staff/chaperones may assist my student in taking the medicine(s) as directed by my physician. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed.

I agree to hold harmless and indemnify the Poway Unified School District, its officers, employees, agents or Mt Carmel High School and its chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

_____ _____

Signature of Parent/Guardian **Date**

_____ _____

Printed name of Parent/Guardian **Parent/Guardian Phone**